r'ORM PTO-1083



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**COPY OF PAPEAX** (206) 583-8500 ORIGINALLY FILED

Docket No.: Date:

108298604US March 15, 2002

RECEIVED

APR 0 8 2002

Technology Center 2600

In re application of: Application No.:

**Ted Daniels** 

09/420,787

Confirmation No.: 3297

Filed:

October 19, 1999

For:

PORTABLE INPUT DEVICE FOR COMPUTER

**BOX AF COMMISSIONER FOR PATENTS WASHINGTON DC 20231** 

Sir:

Transmitted herewith is a Response Under 37 C.F.R. § 1.116 in the above-identified application.

Applicant claims small entity status. See 37 CFR 1.27.

Applicant has previously claimed small entity status. See 37 CFR 1.27.

A Petition for an Extension of Time for month is enclosed.

A General Authorization Under 37 C.F.R. § 1.136(a)(3) is enclosed.

No additional claim fee is required.

The fee has been calculated as shown.

	(Col. 1)		(Col. 2)	(Col. 3)				
	CLAIMS							
	REMAINING		HIGHEST	PRESENT				
	AFTER		PREV. PAID	EXTRA				
	AMENDMENT		FOR					
	*		**					
TOTAL	29	-	46	0				
	+		***					
IND.	2	-	6	0				
[ ] FIRST PRESENTATION OF MULT. DEP.								
CLAIMS								
EXTENSION OF TIME FEE								
TOTAL ADDITIONAL FEE								

SMALL ENTITY			OTHER THAN A SMALL ENTITY		
RATE	ADDITIONAL FEB	OR	RATE		ITIONAL
x 9	\$		x 18	\$	0
x 42	\$		x 84	\$	0
+140	\$	OR	+280	\$	0
	\$	\$		\$	0
	\$	TOTAL		\$	0
	L	J			

<sup>\*</sup> If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

Please charge my Deposit Account No. 50-0665 in the amount of \$\_. A duplicate copy of this sheet is enclosed. A check in the amount of \$\_ is attached.

The Commissioner is hereby authorized to charge payment of the following additional fees associated with this communication or credit any overpayment to Deposit Account No. 50-0665. A duplicate copy of this sheet is enclosed.

Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted, PERKINS COTE LLP

John/M. Wechkin

Registration No. 42,216

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.